

STUDENT REGISTRATION FORM

FLETC Cheltenham

SSN: _____ ANY PREVIOUS FLETC TRAINING (Check One)? _____ Yes _____ No

U.S. CITIZEN (Check One): _____ Yes _____ No

LAST NAME: _____ FIRST NAME: _____ MI: _____

CLASS NUMBER: E_ _____ START DATE (MM/DD/YYYY): _____ END DATE (MM/DD/YYYY): _____

AGENCY: _____

DUTY CITY: _____ DUTY STATE: _____

BIRTHDATE (MM/DD/YYYY): _____ GRADE: _____ SEX (Check One): _____ MALE _____ FEMALE

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE (MM/DD/YYYY): _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER (Specify): _____

AGENCY HOME OFFICE INFORMATION

POINT OF CONTACT: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Original to Appropriate Division Training Technician for filing and distribution.

DISTRIBUTION:

Scheduling Office (Building 32)

PRIVACY ACT OF 1974

GENERAL BACKGROUND

This information is provided pursuant to Public Law 93 579 (Privacy Act of 1974), effective September 15, 1978 for individuals attending training programs conducted at facilities of the Federal Law Enforcement Training Center.

AUTHORITY

The authority to collect the information necessary to conduct training at the Center is derived from the Government Employees Training Act, 5 USC 4101 4118 as implemented by Executive Order 11348 of April 20, 1969 and Reorganizing Plan No. 26 of 1950 and the Treasury Department Order No. 217 (Establishment of the Consolidated Federal Law Enforcement Training Center), and Memorandum of Understanding for the Sponsorship and Operation of the Consolidated Federal Law Enforcement Training Center.

PURPOSE and USES

The information you supply will be used for maintaining and processing your records while in training. This may include use of the information in evaluations testing and examinations, appropriate intra-center memoranda, emergency or other notifications, posting of certificates and such other record keeping functions as are necessary and relevant. Sex and ethnic background data are being collected in order to assist the Center in marking progress toward EEO goals. Additionally, this information may be disclosed to your parent agency as needed in determining your training status and ability to meet their performance requirements.

EFFECTS of NONDISCLOSURE

You are required to supply information as requested during the period of your training on the attached form(s). If you furnish none of the information requested, your attendance in training will be immediately terminated. If you furnish only part of the information required, an attempt will be made to maintain and process your records. If the information withheld is found to be essential to effectively maintaining your records, you will be so informed, and your training will terminate unless you supply the missing information. The requested information is necessary to process your records while in training.

INFORMATION REGARDING DISCLOSURE of YOUR SOCIAL SECURITY NUMBER UNDER the PRIVACY ACT

Disclosure by you of your Social Security Number (SSN) is mandatory. Solicitation of the SSN is authorized under the provisions of Executive Order 9397 dated November 23, 1943. The SSN will be used only as necessary in connection with maintaining and processing your records. The use of the SSN is made necessary because of the large number of present and former Federal employees who attend or have attended Center Programs and who potentially may have identical names and birth dates and whose identities can only be distinguished by the SSN.